

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Rosita Sabrosso-Rennick	RECEIVED FEB 12 2018 U.S. Marshals Service, EDNC	COURT CASE NUMBER 5:17-cv-114-BO
DEFENDANT North Carolina State Treasurer		TYPE OF PROCESS Summons Complaint Amnd Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT North Carolina State Treasurer c/o Sam Hayes, General Counsel, Shannon Conley or Angela Cooper		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 3200 Atlantic Avenue, Raleigh NC 27604		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285 1
Rosita Sabrosso-Rennick 3802 Delverne Road Baltimore, MD 21218		Number of parties to be served in this case 1
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

919-645-1700

DATE

2/12/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 56	District to Serve No. 56	Signature of Authorized USMS Deputy or Clerk Carol Smith	Date 2-12-18
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date
3-1-18
Time
☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Carol Smith

Service Fee 800	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges 800	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) 800 \$0.00
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REMARKS: 2-26-18 CERTIFIED MAIL 7017 2400 0000 0969 5145
3-8-18 SEE PS FORM 3311 OR USPS TRACKING

FILED

DISTRIBUTE TO:

1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

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MAR 08 2018

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 11/13

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

North Carolina State Treasurer
C/O Sam Hayes, General Counsel
Shannon conley or Angela Cooper
3200 Atlantic Avenue
Raleigh, NC 27604



9590 9402 3417 7227 1644 35

517 CV11480

2. Article Number (Transfer from service label)

7017 2400 0000 0968 5145

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Edoardo Chason* ☐ Agent
addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below ☐ No

RECEIVED
MAR 1 - 2018

3. Service type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery Service (ref 5580) | |

Domestic Return Receipt

USPS TRACKING#



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

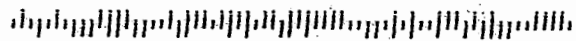
9590 9402 3417 7227 1644 35

**United States
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box •

United States Marshals Service
310 New Bern Avenue, Suite 100
Raleigh, North Carolina 27601

-144125



USPS Tracking®

[FAQs \(http://faq.usps.com/?articleId=220900\)](http://faq.usps.com/?articleId=220900)

Track Another Package +

Tracking Number: 70172400000009695145

[Remove](#)

Your item was picked up at a postal facility at 8:44 am on March 1, 2018 in RALEIGH, NC 27604.

Delivered

March 1, 2018 at 8:44 am
Delivered, Individual Picked Up at Postal Facility
RALEIGH, NC 27604

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